PTO/SB/17 (10-08)

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Under the Pa	respond to a collection of information unless it displays a valid OMB control number								
<b>5</b>	Complete if Known           Application Number         10/670,423-Conf. #5746								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2009						September 26, 2003			
						Akira YODA			
						H. T. Nguyen			
Applicant claims small entity status. See 37 CFR 1.27						2621			
TOTAL AMOUNT OF PAYMENT (\$) 490.00				Attorney Docket	1982-0204P				
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	ŀ	FILING FEES Small Ent		ARCH FEES Small Entity	EXAMIN	IATION FEES Small Entity			
Application Ty	<u>rpe Fee</u>				Fee (\$)	Fee (\$)	Fees	Paid (\$)	
Utility	330	0 165	540	270	220	110			
Design	220	0 110	100	50	140	70			
Plant	220		330	165	170	85			
Reissue	330	0 165	540	270	650	325			
Provisional	220	0 110	0	0	0	0			
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)									
Fee Description Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (including Reissues)			es)				220	110	
Multiple dependent claims							390	195	
Total Claims			F	Fee Paid (\$) Mu		lultiple Dependent Claims			
	- 20 or HP	x	<b>=</b>		<u>Fe</u>	<u>e (\$)</u> <u>l</u>	Fee Paid (	<u>\$)</u>	
HP = highest num	m 11/4		<del></del> . <del>-</del>	-	_				
Indep. Claims Extra Claims Fee (\$)			F	ee Paid (\$)					
***************************************	3 or HP =	ms paid for, if greate	er than 3.	-5:4:W-V					
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
- 100 = /50 = (round <b>up</b> to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1252 Extension for response within second month 490.00									
SUBMITTED BY									
Signature	11/11	Int +	139, 491	Registration No. (Attorney/Agent)	40,439	Telephone	ne (703) 205-8035		
Name (Print/Type) D. Richard Anderson						Date	October :	29, 2008	